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NEWCASTLE UPON TYNE
EDUCATION COMMITTEE

4.3.60

ANNUAL REPORT

THE SCHOOL
HEALTH SERVICE

1960

CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

R. C. M. PEARSON, M.D., M.R.C.P., D.P.H.

1960

SCHOOL HEALTH SERVICE



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PREFACE

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

Ladies and Gentlemen,

I have the honour to present to you my Annual Report for the School Health Service for the year 1960, the 51st since the series began in 1907.

CLINIC PREMISES
AND SERVICES Satisfactory premises are essential for the comfort of the children and their parents, but also so that suitable examinations can be carried out to permit complete diagnosis of a child's condition and then to follow up with an assessment of its educational needs.

Unless new and well planned Clinics can be built, present premises should be reviewed and if, at a reasonable cost, improvements would provide something better, they should be considered as a short term measure.

On these lines it was found possible to create very adequate Speech Therapy rooms in the sub-basement of the Central Clinic, a Dental Suite on the floor above, thus leaving the ground floor for medical and administrative purposes. As the latter will shortly move to the New Town Hall, a reasonably adequate Central Clinic will soon be available.

Out on the periphery much of the routine clinical work can best be carried out in schools, leaving special examinations of a more complete nature to be arranged in the peace and quiet of a newly designed clinic shared with the Child Welfare Services. Such a Clinic is being built in the Kenton area. The remaining Clinic premises throughout the City are being reviewed.

Especially the Central Clinic, and as the Service develops, some of the outlying Clinics, become the meeting place of the Consultant and School Health Service staff. This link is most important as the child's care must be the responsibility of 'experts', all of whom have a contribution to make.

Again medical diagnosis and care is incomplete in many instances unless supported by a report on family circumstances. Here the School Nurse has a part to play which is most valuable.

KENTON STUDY This new approach could not have been launched without the support of the teaching staff in the area. It had its teething troubles but was beginning to develop by the end of the year. Full details are to be found in the Report.

DENTAL
SERVICES Although rarely fully staffed the Service has supplemented the General Dental Services in the City which are possibly rather more freely available to children than in some centres of population. The daily emergency anaesthetic service in the central Clinic has been much appreciated and meets a long felt need. The 'A.B.C.' Scheme was not a complete success and will need some modifications.

SPECIAL
SCHOOLS A regular review of the child which may require admission to a Special School particularly when physically handicapped, is essential. Furthermore, no child should stay indefinitely in a Special School if its needs can be met in an ordinary school. Dr. Mary Taylor commenced an interesting review of the children with respiratory disorders at Pendower Hall School and will be reporting next year.

As the Training Centres for the subnormal children develop, a link has to be forged with the schools for the educationally subnormal children. One can assist the other with interchange of information and ideas.

INFECTIOUS DISEASE
CONTROL Emphasis has been placed on raising the B.C.G. acceptance rate, which, although already good, can be improved in certain schools as its value becomes appreciated. Booster doses providing protection against diphtheria and poliomyelitis, the value of which might easily become apparent overnight, have taken a certain amount of staff time, but are nevertheless essential.

STAFF
TRAINING In addition to regular staff meetings, with interchange of ideas and information, some of the medical and nursing staff joined the lectures and seminars arranged by Dr. P. H. Connell on the emotional needs of children and found them most valuable.

ACKNOWLEDGEMENTS I am very grateful to the many contributors to this Report, whose work and interest is acknowledged. Everyone else has played their part, particularly Dr. Sainsbury, who has not only contributed but has edited the Report for me.

All members of the staff would wish me to acknowledge the interest shown by the Chairman and Members of the Education Committee in the work of the School Health Service, and particularly for providing education facilities and opportunities for the several handicapped children brought to their notice.

I should also like to record my thanks to all the staff of the School Health Service.

I have the honour to be,
Your obedient Servant,

R. C. M. PEARSON,
Principal School Medical Officer.

June, 1961

SCHOOL HEALTH SERVICES AND CHILD CARE
SUB-COMMITTEE — 1960

Chairman :

Councillor Mrs. C. M. Lewcock

Chairman of the Education Committee :

Alderman Mrs. G. Robson, J.P. (*Lord Mayor*)

Members :

Alderman P. H. Renwick

Alderman Miss E. B. Temple

Councillor Mrs. M. P. Broad
(Deceased October, 1960).

Councillor G. Hall, J.P.

Councillor Mrs. I. McCambridge, J.P.

Councillor S. Rees

Councillor Mrs. T. S. Russell, J.P.

Councillor Mrs. M. N. Sims, S.R.N.

Councillor Mrs. D. A. Starkey

Councillor Mrs. A. Wynne-Jones, B.A.

Mrs. A. M. G. Curtis, J.P.

Mrs. M. E. Rogerson

Miss F. E. A. Newbigin, B.A.

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SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer : Dr. R. C. M. Pearson

Senior School Medical Officer : Dr. H. S. K. Sainsbury

School Medical Officers :

Full-Time

Dr. M. Anderson

Dr. B. Buckley

Dr. H. M. Dixon

Dr. J. Mather

Part-Time

Dr. A. R. Buchan

Dr. G. V. Griffin

Dr. J. H. Hindmarsh

Dr. M. R. Mellor

Dr. I. Robinson (*Special
Schools*)

Principal School Dental Officer : Dr. J. C. Brown

School Dental Officers :

Full-Time

Mr. J. Elder

Miss A. M. M. Greig

Mrs. V. M. Jordan

Part-Time

Mr. B. Adair

Mr. J. Christie

Mr. A. Dunlop

Mr. W. Hodge

Mrs. B. J. Jenkins

Mr. A. K. Patterson

Mr. J. Thompson

Orthodontist : Mr. D. M. R. Crombie

Anaesthetists : Dr. S. Mark Dr. W. Shaw

Technicians : Mr. E. Robson Mr. J. Patterson

Dental Attendants : 10

Superintendent School Nurse : Miss E. D. Coulson

School Nurses : 22 Full-Time 1 Part-Time

Nursing Helpers : 10

Superintendent Physiotherapist : Miss O. Webb

Physiotherapists : Mrs. D. Bell Miss M. Bowman

Mr. C. Cree Miss W. Dix

Speech Therapists : Miss S. M. Robinson Mrs. S. M. Skinner
Miss H. Millar (*Temporary*)

Consultants :

Ophthalmologists : Dr. L. W. Davies Dr. J. D. Milne
Dr. V. G. O'Leary

Orthopaedic Surgeons : Mr. C. C. Michael James
Mr. D. G. Wright
Dr. B. J. Robson

Chief Clerk : Miss J. S. Hills

Clerks : 6 *Dental :* 1 *Clinic Clerks :* 5

The following appointments were vacant at the end of the year :—

Oral Hygienist	1
Physiotherapist	1
Senior Speech Therapist ..	1
Nursing Helper	1
Psychiatric Social Worker ..	1
Educational Psychologist ..	1

REFRESHER COURSES

The following staff attended Refresher Courses :—

Dr. H. S. K. Sainsbury	Refresher Course for Senior School Medical Officers, Westminster College, Cambridge.
Dr. J. H. Hindmarsh	Course on ' Problems of Growth and Development in Childhood,' King's College, Newcastle upon Tyne.
Dr. J. Mather	Course on ' Problems of Growth and Development in Childhood,' King's College, Newcastle upon Tyne.

IN-SERVICE TRAINING

A Course of six Lectures was given by Dr. P. H. Connell, Medical Director of the Child Psychiatry Unit, to Medical Officers and Nurses during November and December. Group discussions will be arranged early in the New Year.

During the year there has been an unusual amount of absenteeism mainly among Medical Officers, largely on account of sickness, which has inevitably had an effect upon the output of work.

ADMINISTRATION

The administration of the Service has continued on similar lines to those described in my Reports for 1958 and 1959.

GENERAL STATISTICS

Number of children in :—

Maintained Nursery School and Class	..	..	90
Maintained Primary Schools	..	..	19,864
Non-provided Primary Schools	..	..	6,116
Maintained Secondary Schools	..	..	8,578
Non-provided Secondary Schools	..	..	1,226
Commercial, Technical, Grammar and High Schools			5,676
Non-provided Technical School	..	..	320
Special Schools	..	..	494
Total Child Population 5 to 16 years	..	..	45,411
Estimated Cost of the School Health Service 1960-61.			£94,722

MEDICAL INSPECTION

Medical Inspections have, in the main, continued to be operated on traditional lines in Maintained Schools. However, experiment has been made with a more recent system of health supervision in the Kenton area. This will be described in the latter part of this Section.

A. PERIODIC INSPECTIONS					
Pupils Inspected (All ages)	..	..	..	..	11,890
B. OTHER INSPECTIONS					
Special Inspections	..	..	..	..	4,748
Re-Inspections	..	..	..	..	2,144

The findings at Periodic Inspection were as follows :—

TABLE 1
Physical Condition of Pupils

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	174	173	99.42	1	.58
1955	1276	1271	99.61	5	.39
1954	2988	2976	99.60	12	.40
1953	196	196	100.00	—	—
1952	48	46	95.83	2	4.17
1951	11	11	100.00	—	—
1950	3639	3618	99.42	21	.58
1949	32	32	100.00	—	—
1948	20	20	100.00	—	—
1947	87	87	100.00	—	—
1946	2155	2145	99.54	10	.46
1945 and earlier	1264	1257	99.45	7	.55
TOTAL	11890	11832	99.51	58	.49

TABLE 2
Pupils found to require Treatment

<i>Age Groups Inspected (By year of birth)</i> (1)	<i>For defective vision (exclud- ing squint)</i> (2)	<i>For any of the other conditions recorded in Table III</i> (3)	<i>Total individual pupils</i> (4)
1956 and later	1	20	20
1955	40	152	170
1954	122	285	355
1953	5	14	16
1952	1	2	3
1951	2	1	2
1950	256	351	509
1949	5	6	6
1948	3	4	6
1947	7	6	10
1946	169	186	280
1945 and earlier	118	96	170
TOTAL	729	1123	1547

TABLE 3 — Defects found at Medical Inspection during the Year

Defect Code No.	Defect or Disease (2)	PERIODIC INSPECTIONS									
		ENTRANTS		LEAVERS		OTHERS		TOTAL			
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)		
4	Skin	55	154	64	63	60	117	179	334		
5	Eyes— <i>a.</i> Vision..	167	261	286	226	276	181	729	668		
	<i>b.</i> Squint..	83	75	47	51	82	72	212	198		
	<i>c.</i> Other ..	16	21	10	50	16	37	42	108		
6	Ears— <i>a.</i> Hearing	35	59	12	18	28	49	75	126		
	<i>b.</i> Otitis Media ..	17	91	11	23	15	77	43	191		
	<i>c.</i> Other ..	3	22	7	13	1	17	11	52		
7	Nose and Throat	105	495	14	48	55	341	174	884		
8	Speech	60	82	2	10	23	35	85	127		
9	Lymphatic Glands	8	126	—	5	4	112	12	243		
10	Heart	10	62	9	25	2	37	21	124		
11	Lungs	31	158	14	44	24	112	69	314		
12	Developmental — <i>a.</i> Hernia	3	16	3	—	3	10	9	26		
	<i>b.</i> Other	8	59	21	30	17	77	46	166		
13	Orthopaedic — <i>a.</i> Posture	10	27	31	17	22	63	45	107		
	<i>b.</i> Feet..	55	88	12	40	38	74	105	202		
	<i>c.</i> Other	40	249	43	93	69	189	152	531		
14	Nervous System— <i>a.</i> Epilepsy ..	5	15	4	3	5	12	14	30		
	<i>b.</i> Other	3	13	2	10	2	8	7	31		
15	Psychological— <i>a.</i> Development	1	25	—	14	3	16	4	55		
	<i>b.</i> Stability	7	218	3	12	2	142	12	372		
16	Abdomen	1	4	—	—	2	1	3	5		
17	Other	3	2	6	2	1	3	10	7		

C. OTHER MEDICAL INSPECTIONS PERFORMED BY MEDICAL OFFICERS WERE AS FOLLOWS :—

1. *Children*

Inspections for freedom from infection	387
Examinations of children taken into care of Local Authority (Children's Department) ..	167
Examination of Children and Young Persons prior to admission to Remand Homes ..	80

2. *Adults*

Examination of candidates for admission to Training Colleges	121
Examination of second year students — Kenton Lodge Training College	102
Examination of candidates for appointment to Local Education Authority's Staff :—	
(a) Clerical and Professional	282
(b) Manual Workers	117
Examination of staff in connection with claims for extension of Sick Pay	10

D. OTHER EXAMINATIONS PERFORMED BY SCHOOL NURSES

Hygiene Inspections	49,985
Head Inspections	32,061
Follow-up Inspections	5,969

Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	88,015
(b) Total number of individual pupils found to be infested	2,607
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	37
(d) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3) Education Act, 1944)	8

**The Revised System of Health Supervision in the
Kenton Area**

A study was commenced in September to explore alternative arrangements for the health supervision of children of the intermediate age ranges. The area selected for the operation is in the extreme North-West of the City, bounded by Ponteland Road and Kenton Lane, and extending North and East to the City boundary. It measures about two and a half square miles and consists of a post-war housing estate.

The following schools have been provided :—

<i>School</i>	<i>Opened</i>	<i>Accommodation (Pupils)</i>		
		<i>Infants</i>	<i>Juniors</i>	<i>Seniors</i>
North Fawdon ..	1955	360	—	—
Edgefield	1933	400	—	—
Mountfield	1956	400	280	—
Hillsvew	1959	440	360	—
St. Cuthbert's R.C. ..	1956	320	240	—
St. Thomas More's ..	1959	—	—	360
Kenton Secondary ..	1960	—	—	900

As the estate developed, School Health Work was based on the Central School Clinic which was easier of access by public transport, but in 1958 there was a sufficiency of children in the area to warrant a special nurse being detailed exclusively to the needs of the area. In September, 1959, the work of the nurse was organised on a peripatetic basis in the Medical rooms of the Schools. In September, 1960, a comprehensive scheme of health supervision was formulated and discussed with the Head Teachers in the area, and this was tentatively accepted. Dr. A. R. Buchan was selected to put these arrangements into practice.

The team of workers was as follows :—

1 — Medical Officer	6 sessions per week
1 — School Nurse	11 „ „ „
1 — Nursing Helper	11 „ „ „
1 — Clinic Clerk	5 „ „ „

Prior to September, 1960, the School Nurse was based on Mountfield School, where an external door had been provided to enable pupils from an adjacent school to attend without disturbance to the parent school. The team is now based on Kenton Secondary School and Mountfield, and plans are far advanced for the building of a combined Health Centre.

The scheme of the School Health work envisaged was as follows :—

Inspections

1. All school entrants to be inspected in the course of their first term at school.
2. The medical background of juniors to be discussed with the Head Teacher and arrangements made to examine such children as the need arises, parents being invited to be present at the examination.
3. In addition to the usual final medical inspection, all entrants to Kenton Secondary School to be discussed with the Headmaster.

Minor Ailments

Dressings are done in the Medical rooms of schools, at which the Medical Officer also attends.

Heaf Testing

All pupils aged 5 and 9 years to be tested and annually thereafter.

Hygiene Inspections

These to continue unchanged.

First Aid

All schools to be supplied with a standard First Aid kit and the school nurse to inspect the kit when she visits the school, arranging for the replenishment of expendable items.

Co-ordination

All Head Teachers to be periodically visited and arrangements to be discussed. Discussion of current problems between members of the medical team to take place regularly.

The work achieved during the Michaelmas term was as follows :—

1.	<i>Inspections</i>					
	Periodic :	Infants 259	Juniors 0	Seniors 154		
	Re-Inspections ..	..	..	..	..	125
2.	<i>Immunisation</i>					
	Heaf Testing ..	..	..	..	..	786
	B.C.G. Vaccination ..	..	..	..	..	335
3.	Consultations ..	..	..	..	..	22
4.	<i>Attendances at Clinics on School Premises :—</i>					
	Kenton Secondary	..	..	44		
	Mountfield ..	..	..	706		
	North Fawdon ..	..	..	503		
	Edgefield ..	..	..	194		
	St. Cuthbert's R.C.	..	..	155		
				—		1,602
	New Cases ..	..	..	..	..	773
	Head Inspections ..	..	..	..	..	10
	Full Hygiene Inspections ..	..	..	..	..	127
	Follow-up :	Head Inspections				24
		Physical Defects ..				150
					—	174
	Home Visits :	For home Inspection ..				2
		For other reasons ..				10
					—	12
	Number of sessions devoted to Clinical work (estimated)*					
	by Medical Officer ..	..	..	..	..	33
	Number of sessions devoted to non-Clinical work					
	(estimated)* by Medical Officer ..	..	..	..	..	26

*As both types of work are frequently done in one session only an estimate can be arrived at. In view of the large numbers of variables these figures cannot be compared with the recorded work output in other clinics.

SCHOOL CLINICS

The provision of School Clinics and Clinics on school premises in the City has, with the exception of Kenton Secondary School, remained unchanged during the year. The Clinic at Kenton has not as yet been provided, but there are indications that its building may be commenced during the coming year.

The repair, maintenance and decoration of School Clinics has been well up to previous standards. In the Central School Clinic major alterations were effected at an estimated cost of £3,500. By this means, general Medical, Dental and Speech Therapy are arranged on three separate floors. Conditions for clerical and dental work are as a result much improved, whilst patients waiting for medical attention tend to be rather cramped in the waiting room on the ground floor. The work which commenced in April, continued into 1961. During this period, certain services — Refractions, Hearing Assessment, Speech Therapy and Skin Clinics, were continued in peripheral clinics without undue difficulty.

Arrangement of the Work in Clinics

School Clinics are open during afternoons and Saturday mornings during term time. The Central Clinic is open throughout each weekday and Saturday morning. The Staffing arrangements are as on page 17.

Attendances

The attendance of pupils continued to move from School Clinics to Clinics on school premises, as had been noted in previous years. The numbers of individual children attending were as follows :—

A. SCHOOL CLINICS

Atkinson Road	..	..	..	1,881
Bentinck	..	..	..	928
Blakelaw	..	..	..	1,369
Central	..	..	..	650
Mountfield	..	..	..	704
East End	..	..	..	639
Middle Street	..	..	..	1,086
TOTAL				6,654

TABLE 4 — School Clinics (Medical)

Day and Time	CLINIC					
	Atkinson Road	Bentinck	Blakelaw	Central	East End	Middle Street
1.30 p.m. to 5 p.m.						
Monday ..	N D	N D	N D	N D	N	N D
Tuesday ..	N	N D	N	N D	N D	N D
Wednesday ..	N D	N D	N	N D	N D	N
Thursday ..	N	N	N D	N D	N D	N D
Friday ..	N D	N D	N	N D	N	N D
9.0 a.m. to 12 noon						
Saturday ..	N	N D	N D	N D	N D	N D

N = Nurse in attendance for Dressings and other duties.

D = Doctor in attendance.

B. CLINICS ON SCHOOL PREMISES

Attendances at these Clinics were 9,233

General work done in Clinics

A. CONSULTATIONS BY MEDICAL OFFICERS :

Atkinson Road	708
Bentinck	874
Blakelaw	249
Central	341
Kenton	13
East End	1,208
Middle Street	833

TOTAL .. 4,226

B. **Work of Nurses in School Clinics**

This is shown in the Table below :—

TABLE 5

Return of Work Performed in Clinics by School Nurses

<i>Defect or Disease</i>	<i>Number of Children</i>	<i>Total Treatments</i>
Skin — Septic	4,007	11,307
Scabies	78	181
Ringworm	35	226
Other	2,130	6,303
Ear Conditions—		
Wax in Ears	40	135
Discharging Ears	93	496
Eye Conditions—		
Conjunctivitis	55	212
Other external eye conditions	432	902
Spectacles	276	—
Vision Tests	137	—
Tonsillitis	30	5
Acute Infectious Fevers	5	—
Injuries	1,756	3,095
Malaise	258	222
Follow-up Inspections	204	714
Head Inspections	2,359	211
Cleansing	135	521
F.F.I's. and Manual Workers	954	42
Miscellaneous	2,679	2,059
TOTAL	15,663	26,631

C. In Clinics on School Premises

Similar work performed in Schools is shown in the Table below :—

TABLE 6
Return of Work Performed in Clinics on School Premises by
School Nurses

<i>Defect or Disease</i>	<i>Number of Children</i>	<i>Total Treatments</i>
Skin — Septic	5,033	10,280
Scabies	25	35
Ringworm	9	5
Other	3,036	5,596
Ear Conditions —		
Wax in Ears	109	136
Discharging Ears	91	166
Eye Conditions —		
Conjunctivitis	134	111
Other External Eye Conditions	347	512
Spectacles	64	—
Vision Tests	122	—
Tonsillitis	22	9
Acute Infectious Fevers	5	1
Injuries	1,969	2,975
Malaise	87	33
Follow-up Inspections	2,232	22
Head Inspections	2,287	170
Cleansing	76	165
F.F.I's and Manual Workers	2	1
Miscellaneous	1,115	933
TOTAL	16,765	21,150

D. Other Duties performed by School Nurses

Home Visits	1,273
Children Escorted to Clinics or Hospitals	243
Children Escorted to and from Residential Schools	58

It might be mentioned that there seems to be a growing demand for nurses to escort children to Clinic and even Hospital, in order that they receive medical treatment and advice. This demand is not encouraged, for it savours of parental indifference, but on occasion it proves the only means of securing attention for a pupil, and is of great assistance to hospital staff, who frequently approach the School Health Service when they encounter difficulty in securing attendance by parent and child.

SPECIAL CLINICS

1. Orthopaedic

The Department has been very short of Physiotherapy staff, and the situation is likely to become worse owing to staff leaving to get married and replacement is very difficult. There has been no reduction in the amount of treatment given, although this has been rather a strain on everybody, but this has been alleviated to some extent by an increase in the apparatus available.

The Department continues to be used for reference of patients by General Practitioners as well as children coming from Welfare Centres and School Doctors.

Statistics for the Year 1960

		<i>School Medical Service</i>	<i>Maternity and Child Welfare Service</i>
1. <i>Attendances</i>			
New Patients — Boys 533 } ..	1,003	166 }	279
— Girls 470 } ..		113 }	
Total Attendances at Surgeons' Clinics	2,512		749
Waiting List	—		—
2. <i>Discharges</i>	667		138
Admissions to Sanderson Orthopaedic Hospital	94		6
3. <i>Physiotherapy</i>			
Total number of attendances at Physiotherapy Clinics	12,412		3,126
Special Therapies given to Orthopaedic Patients :—			
Swedish Remedial Exercises ..	6,251		850
Massage	317		275
Manipulations	1,614		1,150
Medical Electricity	3,259		426
Radiant Heat	110		—
Ultra Violet Light	131		—
Plasters	1		—
Home Visits (Manipulations for congenital Foot Deformities) ..	—		13
<i>Non-Orthopaedic</i>			
Chest Conditions } Patients ..	74		—
(Asthma, Bronchitis and Bronchiectasis) }			
} Treatments ..	3,225		
Ultra Violet Light			
Patients	17		—
Treatments	113		—

4. *Other Information*

Number of Children requiring				
X-ray	..	..	..	88
Photographs	..	..	..	10
Number of Surgical appliances (supplied and maintained)				1,322
				534

5. *Conditions for which treatment has been given :—*

Foot and Lower Limb Conditions :—

Flat feet, pes cavus, hallux valgus, hallux rigidus, hammer toes, club feet, talipes calcaneus, knock knees and bow legs.

Hip Conditions :—

Congenital dislocation, Perthe's Disease, Infantile coxa vara and slipped femoral epiphysis.

Spinal Conditions :—

Scoliosis, Postural kyphosis and Scheuermann's Disease.

General Conditions :—

Cerebral Palsy, Poliomyelitis, Tuberculosis, Osteomyelitis, Renal Rickets, Muscular Dystrophy, Osteochondrodystrophy, Osteogenesis Imperfecta, Achondroplasia, Benign Congenital Hypotonia and Hemi-hypertrophy.

Other Conditions :—

Torticollis, Erb's Palsy, etc.

2. **Ophthalmic**

Refractions

A small number of refractions continue to be performed by School Medical Officers, the large majority being undertaken by Ophthalmic Medical Practitioners. During alterations at the Central School Clinic, this work was transferred to Atkinson Road, Bentinck, East End and Middle Street Clinics.

The work carried out during the year was as follows :—

Refractions 1960

A. *Number of children Refracted* 1,926

Number of children awaiting attention at the end of the year :—

(i) New Cases	..	..	..	22
(ii) Old Cases	..	..	..	340

Number of children who received an Eye Test other than through the School Health Service :—

(i) Hospital Service	..	..	..	15
(ii) Supplementary Ophthalmic Service	..	..	..	148

B. *Prescription of Spectacles*

The numbers of children for whom spectacles were prescribed were as follows :—

(i) Through the School Health Service	1,146
(ii) Through Other Ophthalmic Services	122

C. *Dispensing of Spectacles*

- (i) Number of children who obtained spectacles 1,231
- (ii) Number of spectacles repaired or replaced 1,047

A sum of £185 14s. 3d. was charged to the Local Education Authority for the replacement and repair of spectacles.

Other Ophthalmic Conditions

The foregoing refers almost entirely to children with errors of refraction. All cases of squint are referred to the Ophthalmic Unit at the Newcastle General Hospital.

The number of squint cases treated was 51. Injuries involving the eye are also referred to the Hospitals. Minor eye conditions mainly consisting of Blepharitis and Conjunctivitis are treated in School Clinics.

3. The Hearing Assessment Clinic

(Dr. B. BUCKLEY)

The year under review was a difficult one owing to the structural alterations carried out at the Central Clinic. During the six months in which work was in hand at the Central Clinic, sessions were held at Ashfield and Middle Street Clinics. The new Audiometry room, which has been acoustically treated, is a distinct improvement on the former room used.

The purpose of this Clinic is to provide for the investigation, ascertainment and supervision of pupils who are suspected of being deaf. Among a variety of sources, cases come mostly from School Medical Officers and teaching staff. A number are also sent by Speech Therapists. Children under five years of age are referred from the Maternity and Child Welfare Service.

The Clinic is normally held once a week at the Central Clinic, but additional sessions are arranged as necessary. Attendance is by appointment.

The first object of the Clinic is to identify those children suffering from an aural defect of such a degree as may be likely to interfere with education in an ordinary school. Where treatment or further investigation appears necessary, the case is referred to an Aural Surgeon or the General Practitioner, prior to giving consideration to the particular educational arrangements required in each case. The majority of children are capable of benefitting from education in an ordinary school, often with special positioning of the child in his class. In such cases, precise information is given to the Head Teacher.

A smaller number require education in a Special Class or School. The majority of the totally Deaf have been investigated outside the School Health Service before the age of five years and have attended the Nursery Class attached to the Northern Counties School for the Deaf.

To cater for Partially Deaf a Special Class for senior pupils was opened at North View School in September, 1958. Because of the obsolescence of the School, and the unsatisfactory acoustic conditions, the Class was transferred to Cowgate County Secondary School in September, 1960. Here a classroom for senior pupils has been equipped with a mains amplifier. Shortly afterwards an additional teacher was secured for junior pupils and a Class was opened for which an individual speech training unit was provided, together with acoustic treatment of the room. This equipment enables each child to have individual speech instruction at his best listening level. Both rooms are fitted with a loop system by which the amplifiers may be used in conjunction with the transistor Hearing Aids with which children have been issued by the Hospital Service. By arrangements with the Ear, Nose and Throat Hospital a supply of batteries for these Aids is kept in the Class. An additional advantage of the Training Unit is that it is battery powered and, being portable, allows mobility of teacher and the class.

As at North View, the class is integrated with the school at Cowgate for practical instruction and physical education. Termly visits were made to the classes during the year at which difficulties were discussed with the teaching staff. Mrs. Wilson, the teacher of the senior class, has recently resigned on leaving the district, and with the present shortage of teachers for the deaf, has not to date been replaced.

Towards the end of the year, closer liaison was established between the Service and Mr. J. I. Munro Black and Mr. R. G. Chaytor, particularly with regard to the Hearing Aid Service.

Despite the difficulties encountered, 1960 was a year of steady improvement in the Service. Looking to the future there is scope for considerable development. I would mention three ventures worthy of consideration. There is a need for sweep testing to discover deafness as early as possible. This would entail the training of additional nurses in elementary Audiometry. Should, by this means, sufficient numbers of hard of hearing young children come to light, it might be possible to establish a three-tier unit at Cowgate, which would include an infant class. There is also the possibility that extra mural pupils might be admitted to the classes.

Audiometry and the Supervision of Hearing Aids

(NURSE T. CHESTERTON)

From January to December, 1960, 154 children have had Audiometer tests as follows :—

(i) New Cases	..	..	..	105
(ii) Reviews	..	..	..	49

The yearly follow-up of children issued with Hearing Aids was carried out in October and November. In all, 40 children were seen. Hearing Aids were inspected and Head Teachers were asked to give a report on their progress in school since the issue of a Hearing Aid. These reports were sent to Mr. J. I. Munro Black.

In addition to this, at the request of Mr. Black, home visits were paid to those children who had left school and were still in possession of a Hearing Aid. Two children were found to have discarded their Aids, and appointments were made for them to attend the Hospital for Sick Children so that Mr. Black might consider the withdrawal of their Hearing Aids.

Student Health Visitors have been given instruction in Audiometry which included practical demonstrations.

Nurse Wakefield has been trained in Pure-tone testing and has since assisted at Audiometry sessions.

Statistics of Cases handled in 1960

A.	Number of new cases attending the Clinic	..	..	95
	Number of Cases Reviewed :—			
	In Special Schools	..	..	17
	In Ordinary Schools	..	..	56
	Number of Cases Discharged	..	..	77
B.	Number of Cases referred to :—			
	(i) Hospital or General Practitioner	..	..	48
	(ii) Speech Therapist	..	..	6
C.	<i>Handicapped Pupils</i>			
	Number of Pupils Ascertained	..	..	11
	Number of Pupils Reviewed	..	..	7
D.	Number of Pupils on register as issued with			
	Hearing Aids	..	..	40
	Number followed-up and reported upon	..	..	40

The Asthma Clinic

This Clinic is now in its second year and during the fifteen months of its existence, 60 children have been examined. Work naturally commenced with pupils attending Pendower Hall Open Air School who suffered from Asthma and the Clinic was held at the School. It has since been extended to all children in the City who attend the following types of schools :—

Ashfield Nursery	..	..	..	1
Ordinary — Primary and County Secondary	..	..	..	18
Pendower Hall	..	..	..	30
Residential Open Air	..	..	..	4
Day Technical	..	..	..	1
Independent Preparatory (Boarding)	..	..	..	1

The aim of the Clinic is to co-ordinate the various branches of the medical and educational service.

The results of investigation were as follows :—

(i) Absence of true Broncho-spasm ..	17
(ii) Predominantly Respiratory	
Infection	22
(iii) Predominantly Emotional ..	15
(iv) Predominantly Allergic	1
(v) Assessment Incomplete	5

A word might be said of those children who do not appear to have true Broncho-spasm. These have been dismissed only after a careful enquiry of the symptoms and more than one spirograph, together with such additional investigations as appeared necessary. They included two cases where Asthma was used as a cloak for non-attendance at school, Laryngismus Stridulus, Obstructive Tonsillitis, Feigned Asthma, and two cases of dyspnoea on exertion from other causes.

Of those referred to Hospital 15 (or a quarter of the total seen) were for upper respiratory infection. Some of these had been previously referred and operation decided against.

Children recommended for special school are investigated at the Clinic. It has become apparent that Residential Open Air School provided a very transitory improvement and rarely does more than interrupt schooling. Cases with emotional disturbance do well in a good Special School for Maladjusted pupils, provided that there are facilities for psycho-therapy. These pupils require to remain away at school for long periods. Children were recommended as follows :—

(i) Residential Open Air School ..	1
(ii) Residential (Maladjusted) School	1
(iii) Boarding School for normal pupils	
(Grant in aid under Section	
80, Education Act)	1

5. The Skin Clinic

A skin Clinic is held at the Central School Clinic on two afternoons per week — pupils attend by appointment. Work was seriously interrupted for several months in the middle of the year owing to alterations to the Central Clinic when the Clinics were held at Ashfield and East End. Unfortunately, on completion of the work, facilities for the investigation and treatment of skin disease are not comparable with those previously enjoyed. The numbers of pupils treated in these Clinics during the year were:—

Boys	125
Girls	174

The types of skin diseases among new cases are listed as follows :—

Classified New Cases of Skin Disease treated — 1960

A. *Virus Infections*

Plantar Warts	..	..	..	..	94
Juvenile Warts	..	..	..	..	22
Molluscum Contagiosum	..	..	..	..	8
Herpes Zoster	..	..	..	..	2
Callosity (or Hard Corn)	..	..	..	..	7
Iatrogenic Dermatitis	..	..	..	..	14

B. *Pyogenic Infections*

Impetigo Contagiosum	..	..	..	..	10
Impetigo Pityroides	..	..	..	..	12
Folliculitis	..	..	..	..	2
Ecthyma	..	..	..	..	1
Otitis Externa	..	..	..	..	4
Infected B.C.G. Lesion	..	..	..	..	1
Alopecia	..	..	..	..	7
Eczema	..	..	..	..	4
Hyperidrosis	..	..	..	..	17
Other Neuro Dermatoses	..	..	..	..	3
Psoriasis	..	..	..	..	10
Scabies (Proved)	..	..	..	..	5
Ultra Violet Burn (Home Lamp)	..	..	..	..	2
Undiagnosed	..	..	..	..	9
Granuloma Anulare	..	..	..	..	1
Contact Examinations	..	..	..	..	33
Animal Inspections	..	..	..	..	14

C. *Mycoses*

Epidermophytosis	..	..	..	..	65
Ringworm :—					
Microsporosia — Scalp	..	..	..	..	3
Body	..	..	..	..	15
Animals	..	..	..	..	15
Trichophytes (Excluding Athletes Foot) :					
Body	..	..	..	..	3
T. Versicolor	..	..	..	..	7
Erythrasma	..	..	..	..	5

D. *Seborrhoea*

Primarily — Body	..	..	..	..	13
Scalp	..	..	..	..	8
Acne	..	..	..	..	6

E. *Sensitisation Reactions*

To Pathogens or Thread Worms either internal (i.e. Respiratory Infections) or on the Skin (I.D. Reactions)	24
To External Agents :—	
Metal Dermatitis	4
Modelling Wax	2
Flour	1
Unknown	6
Solar Dermatitis	1
To Food Stuffs	6

F. *Papular Urticaria*

Insect Bites	31
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Urticaria

(unknown Origin)	11
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Concerning these, Dr. H. M. Dixon writes :— .

Ringworm continues to occur, although now less frequently, mainly on the City boundary. This means that vigilance to seek out cases must not be relaxed and School Hygiene Inspections maintained at their present standard.

The 65 new cases of Epidermophytosis mentioned above represent only a fraction of those treated. Forty-five were found among children with Plantar Warts. Indeed, in this Clinic, epidermophytosis, or at least hyperhidrosis, seems to be the general precursor for the entry of the wart virus into the foot. Athletes foot appears to be affecting an increasing number of the lower age groups, infection being common at five years. This may be due to the wearing of synthetic fibre socks, or synthetic soled shoes giving rise to a pool of sweat, combined with the almost universal presence of adult infection at home. *Monilia* is still the commonest cause of Epidermophytosis in the East of the City, whereas the usual *Trichophyta* are found more frequently to the West of the City. *E. Floccosum* on the other hand, in spite of careful search, has not been found on the feet of Newcastle children.

Impetigo appears to be on the increase. In my opinion the recorded fall in the incidence may be due to a changing clinical picture and failure on the part of many to recognise different types ; the chronic scaly and bullous types being wrongly classified in Returns. The common round scaly patches on the face, when not sensitisation reactions, are almost always chronic impetigo. Both are usually associated with upper respiratory infections, and less frequently with the sucking of iced lollipops. These latter damage the skin and destroy its normal flora, they thus provide conditions suitable for the growth of pyogenic organisms, present in nasal discharges.

Dry scaly eruptions are also becoming increasingly common and are important in that they may preclude the young person from some forms of employment. They require careful handling, especially in the use of modern soaps, which, containing as they do, powerful detergents, may be destructive of the oily layer and acid mantle of the skin.

Scabies

The number of cases of scabies treated during the year was 34 and compares with 38 treated in 1959. Arrangements for the control of this condition were described in my Report for 1957. The number of families involved was 26 and 86 contacts were examined. The families were very scattered and the sources of infection were seldom discovered. Two children brought scabies home with them from a Residential School.

REPORT ON THE SCHOOL DENTAL SERVICE

DR. J. C. BROWN : Principal Dental Officer

General

Over the course of the year a trial of the “ A.B.C. Scheme ” was undertaken. It was decided to limit its scope in the first instance to school entrants and accordingly explanatory circular letters were sent to the parents of a representative selection of three thousand children attending school in their first year. These parents were asked if they would like to have regular priority dental treatment at the school clinics for their children throughout the latter’s school life. From the three thousand circular letters sent, only one third affirmative replies were received, the two thirds majority either wishing to obtain treatment from private practitioners or being too apathetic to reply to the questionnaire. Not only did a mere third of the parents approached accept the offer, but from this minority only two appointments out of three were kept.

From these two facts above it appears that in its present form the scheme is not a success and has proved to be time wasting, both clinically and in the amount of administrative work entailed. However, over the year it appeared that each clinic had a certain number of patients who had attended diligently and were anxious to have their teeth looked after regularly. From these children “ revisit lists ” were kept in each clinic and it is proposed to send them regular appointments for a “ checkup ” every six months and gradually to extend this modification of the scheme to cover all age groups.

An arrangement was made for emergency gas sessions to be held in the Central Clinic in the late afternoon each day and on a Saturday morning. This facility met a very real need and children were able to obtain relief from toothache, or other emergency treatment involving the administration of an anaesthetic without delay. Some 6 — 12 children have been referred daily since the service commenced.

The premises in the Central School Clinic in the City were re-planned to enable the Dental Service to be accommodated on the floor below street level. Four surgeries, a laboratory and office premises were provided, making a very suitable suite. Each new surgery was provided with an airtor on the dental unit.

Staff

The service was operated throughout the year by five full-time officers and five to seven officers engaged on a sessional basis. Although an increase in salary for full-time officers was recently granted, the discrepancy between the emoluments of a school dental officer, and those to be obtained in private practice is still too great to attract young men from the dental schools, and an overhaul of the terms and conditions of service generally, of public dental officers is long overdue, with a view to granting terms comparable to those to be obtained in private practice.

Mr. Pattie's resignation on retiral was tendered during the year and two resignations from part-time officers were submitted, while Mr. Dunlop was appointed to Atkinson Road Clinic on a sessional basis.

Dental Inspections

Nearly all the children were examined at school in the course of the year ; only a few schools having to be left over. Some twenty-three thousand children were found to be in need of treatment of one kind or another and of this number, six thousand were made dentally fit.

Treatment

Treatment in the clinics was mostly given over to conservative work on the second dentition, and the new airtors in the Central Clinic proved very popular as "drilling time" was cut down immensely. It is hoped to install a machine in every clinic in the following year.

Extractions were mostly undertaken with general anaesthesia and as mentioned earlier, a gas session was held in the late afternoon each day at the Central Clinic to which children suffering from pain could be referred from schools or the out-lying clinics, and receive immediate attention.

There was a great increase in the amount of orthodontic work undertaken during the year, one full-time officer giving almost all his time to it and details of the work carried out are given at the end of this report.

Specialist Services

These were available from the Royal Victoria Infirmary and the Sutherland Dental School, and arrangements with the Ambulance Service for transport of children who were distressed after extractions under general anaesthesia were very satisfactory.

Statistics for the year are given below :—

TABLE 7
Dental Inspection and Treatment, 1960

1.	Number of pupils inspected by the Authority's Dental Officers :—				
	(a) At periodic inspections	..	..	..	42,878
	(b) As specials	..	..	..	2,469
	TOTAL (1)	..	..		45,347
2.	Number found to require treatment	..	..		23,323
3.	Number offered treatment	..	..	..	13,036
4.	Number actually treated	..	..	..	5,720
5.	Number of attendances made by pupils for treatment including those recorded at 11(h) below	..			20,008
6.	Half days devoted to : (a) Periodic (school) inspection				298
	(b) Treatment	..	..		3,108
	TOTAL (6)	..	..		3,406
7.	Fillings : (a) Permanent Teeth	..	..	..	9,057
	(b) Temporary Teeth	..	..	..	1,805
	TOTAL (7)	..	..		10,862
8.	Number of teeth filled : (a) Permanent Teeth	..			7,800
	(b) Temporary Teeth	..			1,576
	TOTAL (8)	..	..		9,376
9.	Extractions : (a) Permanent Teeth	..	..		3,291
	(b) Temporary Teeth	..	..		5,424
	TOTAL (9)	..	..		8,715
10.	Administration of General Anaesthetics for Extraction	..	..	..	3,338
11.	Orthodontics :				
	(a) Cases commenced during the year	..	..		162
	(b) Cases brought forward from previous year	..			163
	(c) Cases completed during year	..	..		47
	(d) Cases discontinued during year	..	..		11
	(e) Pupils treated by means of appliances	..	..		136
	(f) Removable appliances fitted	..	..		280
	(g) Fixed appliances fitted	..	..		0
	(h) Total attendances	..	..		1,650
12.	Number of pupils supplied with artificial teeth	..			124
13.	Other operations : Permanent Teeth	..	..		4,749
	Temporary Teeth	..	..		1,421
	TOTAL (13)	..	..		6,170

EDUCATIONALLY SUB-NORMAL PUPILS IN
ORDINARY SCHOOLS

During the past year much thought has been given to provision for marginal Educationally Subnormal pupils who, on examination, are recommended to stay in their present school with special teaching. A number of reports have been made at the request of the School Health Services Sub-Committee on different aspects of the subject, and it seemed profitable to include in this Report a more comprehensive examination of the subject and to put these reports into perspective.

1. *Number of Children Assessed*

An examination of the Grading Examination results for 1959 showed that 6% of pupils, other than those already admitted to Special E.S.N. Schools, were probably retarded by more than two years. The great majority of these children were in maintained primary schools. Some of these had previously been ascertained as Educationally Subnormal and recommended to remain in an ordinary school. They numbered 58 out of a total of 263 possibly retarded pupils.

Retarded children assessed in 1960 were reported upon as follows :—

Not Educationally Subnormal	37	(17.6%)
Decision Deferred	33	(15.7%)
Classified as Educationally Subnormal and recommended :		
(a) To remain in ordinary school with special teaching	62	(29.5%)
(b) For transfer to Special School ..	78	(37.1%)
TOTAL ..		210

2. *Number of Educationally Subnormal Pupils in Ordinary Schools*

The number of pupils formally ascertained as Educationally Subnormal, in ordinary schools at the end of the year was :—

	Boys	Girls	Total
Primary Schools	53	18	71
Secondary Schools	37	15	52
TOTAL ..	90	33	123

3. *Facilities for Educationally Subnormal Pupils in Ordinary Schools*

As an Educational Psychologist is not employed by this Authority, there are no facilities for diagnostic testing, and specialist advice is not immediately available to teaching staff for remedial teaching. Where this is required a pupil is admitted to a Special School.

In the majority of Primary Schools, Head Teachers have undertaken special teaching of individual pupils as far as they have been able. A number of Senior Schools include a reception class for backward pupils moving up from the Primary school but, in the main, 'D' stream classes depend upon the size of the school and the number of parallel classes. The distribution of classes of size suitable for backward pupils was examined by the Director of Education, the Table below being a summary of his report.

TABLE 8
The Distribution of Classes suitable for Educationally Subnormal Pupils in County Secondary Schools

	STREAM						<i>Totals</i>
	A	B	C	D	E	F	
A. CLASSES :							
No. provided in—							
1st Year	28	26	13	5	1	—	73
2nd Year	28	28	16	6	1	—	79
3rd Year	28	28	20	12	3	1	92
4th Year	28	28	14	3	1	—	74
TOTAL	112	110	63	26	6	1	318
B. PUPILS :							
No. in Stream ..	2829	3396	1921	771	155	25	9097
% of Total Senior School Population	31.1	37.3	21.1	8.4	1.7	0.3	
C. SIZE OF CLASSES :							
Mean No. of Pupils in Class	30	29	30	28	27	25	
No. of Classes with 25 Pupils and less ..	7	18	12	9	2	1	49

Subsequently the Senior School Medical Officer was requested to examine the distribution of retarded pupils in Ordinary schools, and found them to be widely scattered in small numbers throughout the schools.

4. *The features of Marginal Educationally Subnormal Pupils*

In order to obtain perspective, the salient features of 200 pupils who had been reported from school as being retarded and recommended by the Medical Officer to remain in an ordinary school, were analysed as shown in Table 9. This is a correlation Table composed entirely of crude numbers — percentages and degrees of significance having been omitted from the original Table described by Smyth and Bambridge.* The crude figures when halved represent percentages of the whole sample.

It is not possible to comment on the large amount of information contained in the Table, but certain points are worthy of note, for example, two-thirds of the pupils were within I.Q. range 80—99 : 17% of pupils were working up to their full mental potential in Reading and 21% in Number. Nearly half of the pupils received little impetus at home to succeed in school. Many showed traits of idleness and more of emotional instability, indeed it emerged that many were referred primarily on account of behaviour disorders. When the decisions of Medical Officers were compared with their recommendations it appeared that the nature of educational subnormality was not always clearly appreciated, and indeed a clear decision was not recorded in 9 cases. This was a point of particular practical value which emerged. It would appear that in 50% of pupils no immediate action was recommended. This is misleading as many pupils were found to suffer from defects of vision, speech and hearing, or were 'below par,' for each of which appropriate action, other than special educational treatment, was arranged.

5. *Principles of Selection*

The definition of E.S.N. pupils given in the Handicapped Pupils Regulations 1959, reads :—

“Pupils who by reason of limited ability, or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”

The two essential ingredients are :—

- (i) That the pupil is retarded, and
- (ii) that he requires some form of education other than that normally given in an ordinary school.

The degree of retardation necessary to classify a pupil is popularly regarded as two years. The Ministry have more precisely stated that the pupil's attainments shall be less than 80% of those of an average pupil of similar age. At the statutory

*Smyth, C. N., Bambridge, M. N. *A method of Tabulating Data for easy Reference and Appreciation of Significant Relationships*. B.M.J. 1957. 11 619.

examination the Medical Officer assesses the educational level of each pupil on Burt's Attainment Tests in reading vocabulary and oral arithmetic. These tests are based on a report of Sir Cyril Burt in 1919, and, although more recent tests are available, it is noteworthy that in the revised edition of these tests in 1949, the actual test material remains unaltered. These tests are convenient for work under existing conditions and, with suitable adjustment of scoring, give as sound an assessment as any other. In addition, the head teacher submits an overall assessment of the educational level of the child, which is available at the time of the examination.

The second point to be decided is whether the pupil requires special education and, if so, whether it shall be given in an ordinary school or in a special school or class. In this connection, two types of backwardness have in the past been distinguished, namely, the 'More Seriously Retarded' whose failure is due to lack of ability and the 'Less Retarded' whose backwardness stems from other causes. In the former case the pupil will progress at a slower rate than ordinary pupils even under favourable circumstances, in the latter, with help, he may subsequently reach normal attainments. In the former the Intelligence Quotient is 80 or lower, in the latter it is within normal limits. Here then lies the value of intelligence testing, for generally speaking a pupil with an I.Q. under 75 requires to be transferred to a special school. The tests at present employed are the Terman Merrill tests standardised at the Stanford University in 1937. No recent revision of the tests has been undertaken, but they are generally accepted as useful for the purpose. Their value, apart from the insight which the examiner gets from the quality of the pupil's answers to the various questions, is largely prognostic enabling recommendation to be made upon expected progress.

In doubtful cases the Medical Officer may defer decision — a wise procedure in cases of genuine doubt, but repeated deferral savours of indecision.

One conclusion which might possibly be drawn from the final Table of this chapter, is that Medical Officers are cautious in recommending transfer to special school.

6. *Follow-Up*

The aim is to follow-up annually every child classified as E.S.N. who has been recommended to stay in an ordinary school that is until the case has been declassified or the pupil transferred to a special school. In the final year at school consideration has to be given as to whether supervision is necessary after leaving school.

Where decision has been deferred similar follow-up takes place until a decision has been arrived at.

Children not classified are not followed up as a routine, but they will, if reported by the Head Teacher subsequently, be examined in the usual way.

7. *The subsequent course of E.S.N. pupils retained in Ordinary Schools*

Finally, this appeared to be a subject of some interest and, for this purpose, records were searched over the past five years. As the present pilot card system began to be compiled in 1955, information is not complete for the earlier years. However, 200 cases, which amounts to the majority of this class of children handled over the period, were taken and the information Tabulated below :—

TABLE 10
Subsequent Educational arrangements made for 200 E.S.N. Pupils retained in Ordinary School

	No. Exam- ined	Recom- mended to stay in Ordinary School	Trans- ferred to Special School	Declassified		Sent to Ap- proved School
				in Ord- inary Schools	in Special Schools	
After						
1 yr.	125	52	56	13	1	2
2 yrs.	65	31	24	10	—	—
3 yrs.	35	21	10	2	—	2
4 yrs.	17	11	3	3	—	—
5 yrs.	9	4	1	2	1	1
TOTAL			94	30	2	5

23 are known to have left school over the period, 13 left the district and 1 died.

Conclusion

The class of pupils we have been considering is one which presents many and considerable problems upon which a final word would not be out of place.

In these border-line cases a particularly clear understanding of the nature of Educational subnormality is required of the examining Medical Officer if useful advice concerning educational requirements is to follow logically from accurate classification. In their Monthly Conferences, Medical Officers have given careful consideration to this matter with the result that the difficulties and needs of retarded pupils have become more clearly defined.

Over the past 30 years the organisation of Special Services has posed a problem for Administrative Officers which, in spite of much speculation and experiment, is yet but partially resolved. At the time of going to press, two Remedial Classes are being provided in ordinary schools. This constitutes a promising departure from former policy.

In recent years out of much thought, there has been formulated the principles of a system of follow-up which is designed to safeguard pupils reported to us from being lost among the many in ordinary schools, and, recognising that each presents a special personal problem, the system provides for future adjustment of the original recommendation as circumstances require. Table 10 shows the nature and frequency of these adjustments during the course of pupils' school careers.

To date, an insufficient number of pupils have been examined in their final year at school to give a reliable assessment of what has been achieved. Nevertheless a clearer picture of the whole problem has emerged. Indeed, it is probably true to say that six years ago this section could not have been written.

HANDICAPPED PUPILS

Whilst arrangements for the ascertainment and supervision of Handicapped Pupils as a whole have been similar to those of previous years, two developments of note have occurred during the year, both in connection with mentally retarded children.

The Mental Health Act 1959 came into force in November 1960. Although the changes in legislation are considerable, established principles to meet the needs of severely handicapped children are retained and developed to allow the Health Authority, through its Junior Training Centre, to contribute to a more comprehensive system of education and training of children of all ranges of ability.

For some years the Junior Training Centre at Jubilee Road has been developing to link up with the Special Schools. Medical Officers of the School Health Service have given to children in the Centre and at the School Clinic similar facilities to those available to children in schools maintained by the Local Education Authority and, just as pupils attending Special Schools are periodically reviewed, so in the Centre children are re-tested from time to time in order that promising cases may be brought forward for denotification and admission to a Special School.

Children were formerly excluded from school in a variety of circumstances. Young and very backward children were recommended for deferred entry to a Special School. Under the new Act they should be notified and after a period in the Centre be denotified for entry to the Special School. Children who proved after fair trial to be too backward to profit from education in a Special School were reported as ineducable to the Local Health Authority at whose discretion they might be admitted to the Centre. Children whose behaviour disorders rendered their presence in school prejudicial to other children were likewise notified. These three categories are now combined in the term 'Unsuitable' for school and the Local Health Authority needs to know from a Responsible Medical Officer, what most useful help may be extended to each under the Act. Accordingly, School Medical Officers have been officially recognised by both authorities for duties under the Education and Mental Health Act.

In September, facilities for pupils in Day Special Schools were re-arranged. Bolam Street for Girls moved to Silverhill, where, in addition to the advantages to be enjoyed in a post war school building, the number of places was increased from 80 to 160. Junior pupils at Lower Condercum School for Boys were transferred to the school at Bolam Street, which was renamed, Headlam, and provides 80 places for boys under 13 years of age. The total number of places for E.S.N. pupils has thus been increased to 400, and the long waiting list for these pupils considerably reduced.

Work in connection with Handicapped Pupils was as follows :—

Ascertainment

*Ed. Act
1944
Sect. 34*

* TABLE 11

Handicapped Pupils Ascertained and Classified, 1960

<i>Category</i>	<i>No. of Pupils Examined</i>	<i>No. of Pupils Classified</i>
Blind	1	1
Partially Sighted	1	1
Deaf	2	2
Partially Deaf.. .. .	11	11
Educationally Subnormal	232	134
Epileptic	5	4
Maladjusted	31	26
Physically Handicapped	19	17
Delicate	26	24
Total	328	229

* This and subsequent Tables take no account of Multiple Handicaps. Cases are allocated to the most important disability.

The recommendations arising out of these examinations were as follows :—

Admission to :

Day Special School	134
Residential Special School	19
To stay in Ordinary School	58
Home Teaching	9

In the case of pupils not classified the Medical Officer reported as follows :—

Decision Deferred	..	..	..	..	..	41
Not Classifiable as a Handicapped Pupil	..	..	..	..	..	67

Placement

TABLE 12

Number of Pupils Placed in Special Schools, 1960

<i>Category</i>	<i>Day</i>	<i>Residential</i>
Blind	—	1
Partially Sighted	2	—
Deaf	—	2
Partially Deaf	11	—
Educationally Subnormal	116	11
Epileptic	1	4
Maladjusted	6	4
Physically Handicapped	12	—
Delicate	17	—

The numbers of pupils awaiting placement at the end of the Year 1960 were :—

Awaiting placing in Day Schools	..	..	41	(1959 96)
Awaiting placing in Residential Schools	..	..	27	(1959 17)

PROVISION OF SPECIAL EDUCATIONAL FACILITIES

TABLE 13

Numbers of Pupils being Educated in Special Schools, December, 1960

<i>Category</i>	<i>Day</i>	<i>Residential</i>
Blind	1	7
Partially Sighted	17	1
Deaf	19	3
Partially Deaf	11	1
Educationally Subnormal	308	45
Epileptic	5	8
Maladjusted	15	10
Physically Handicapped	75	4
Delicate	86	5

Periodical Review of Handicapped Pupils

Handicapped Pupils and those in whose case decision was deferred, were reviewed under arrangements similar to those of previous years.

The numbers of pupils examined were as follows :—

<i>Category</i>	<i>Number Reviewed</i>
Blind	12
*Partially Sighted	12
Deaf	15
Partially Deaf	7
Educationally Subnormal	267
Epileptic	12
Maladjusted	35
Physically Handicapped	123
Delicate	228

* These were seen at the Central School Clinic for full Ophthalmic examination. A less complete examination was conducted on all Partially Sighted children at Pendower Hall School.

Arising out of these examinations, variation of the original recommendation was made as follows :—

Change of Special School	27 pupils
Return to Ordinary School	11 pupils
De-classified	41 pupils

Arrangements for review in voluntary local Special Schools were as follows :—

Blind

Royal Victoria School for the Blind. Dr. J. D. Milne
Each pupil examined each term.

Deaf

Northern Counties School for the Deaf. Mr. J. I. Munro Black

For general medical review once a year. Dr. D. Salkeld

Pupils in Day Special Schools maintained by this Authority are reviewed as follows :—

Pendower Hall Open Air School	Dr. M. Anderson
Silverhill Day E.S.N.	Dr. I. Robinson
Lower Condercum Day E.S.N.	Dr. B. Buckley
Headlam Day E.S.N.	Dr. J. Mather
Jesmond Dene E.S.N.	Dr. J. H. Hindmarsh
Partially Deaf Class	Dr. B. Buckley

Final Examinations

A. *On reaching statutory school leaving age :*

Pupils were examined and recommended for supervision after leaving school as follows :—

<i>Category</i>	<i>Supervision</i>	<i>No Supervision</i>
Blind	—	—
Partially Sighted	—	—
Deaf	—	3
Partially Deaf	1	2
Educationally Subnormal	44	6
Epileptic	1	2
Maladjusted	1	1
Physically Handicapped	—	2
Delicate	—	1

B. *Prior to reaching school leaving age :*

Pupils were permanently excluded as unsuitable for education in school as follows :—

Educationally Subnormal ..	14
Epileptic	1
Physically Handicapped ..	1

HANDICAPPED YOUNG PEOPLE

BY MISS B. G. CALDERWOOD, B.A.

Whatever the employment position, the boy or girl with some physical or mental handicap has difficulty in finding suitable employment in competition with the normal child. The position is very much aggravated in times of unemployment, and as mentioned in last year's report it was felt that these young people merited special attention, particularly during the next few years when competition for jobs would be keener. Designating an officer to be mainly responsible for the advising and placing of handicapped children has been more than justified. The efforts to place these boys and girls throughout a year when the employment position has been difficult have been most praiseworthy and the results most gratifying.

During the year, 80 boys and girls due to leave special schools in the City were interviewed. Those in residential schools whose homes were in other areas were interviewed in the normal way and were then referred to the appropriate youth employment officer in their own area for assistance in finding employment on their return home.

In addition to boys and girls in special schools there are a number of others in ordinary schools with some form of handicap necessitating care in placing in employment. The Special Cases Register maintained at the Bureau contains records of 363 boys and girls between 15 and 18 years of age who need special care and attention.

The following is an analysis of the Special Cases Register :

<i>Disability</i>				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Educationally sub-normal	..	..	..	57	30	87
Defective vision	..	..	..	36	27	63
Defective hearing	..	..	..	19	25	44
Epilepsy	..	..	..	7	8	15
Physically handicapped	..	..	..	19	27	46
Pulmonary tuberculosis	..	..	..	5	8	13
Tuberculosis (other than chest)	..	..	..	5	3	8
Chest ailments (other than T.B.)	..	..	..	21	13	34
Defective speech	..	..	..	2	—	2
Heart trouble	..	..	..	3	10	13
Spastic	..	..	..	7	—	7
Maladjusted	..	..	..	4	3	7
Other cases	..	..	..	10	14	24
				—	—	—
TOTALS	..	..	..	195	168	363
				—	—	—

Of these, 8 are considered unemployable, 10 were in training or at the Occupation Centre and 14 were registered as unemployed at 30th September, 1960.

During the year, 102 boys and 91 girls from the register were placed in employment and 264 were followed up by visits or letters.

In dealing with these boys and girls there is close co-operation with the school medical officers, hospital almoners, Mental Deficiency Officer, psychiatric social workers, etc., and the help they give in supplying reports, information and advice is most valuable in placing them in employment.

During the year, 11 boys and 4 girls were recommended and accepted for courses of rehabilitation at Felling Industrial Rehabilitation Unit. This enabled them to be assessed and recommendations to be made as to the type of work most suitable. Two boys were subsequently recommended and accepted for a course of training in clock and watch repairing at Finchale Abbey Disabled Training Centre, and one grammar school girl, who was deaf, was accepted for a course of training as a comptometer operator under the Disabled Persons Training Scheme.

One girl who had had a leg amputated and had been in hospital for some considerable time was accepted for the full-time typing course at the College of Further Education. After completion of her course it is hoped to place her in a Government Department. Efforts are now being made through the Ministry of Pensions to provide her with a motorised chair to make it easier for her to go to work, as she is unable to use public transport.

The following is an analysis of the changes of employment of handicapped young people :—

Disability	First Job		Second Job		Three or more Jobs		In first job more than 1 year	
	B	G	B	G	B	G	B	G
Educationally sub-normal	26	14	14	4	10	8	10	4
Defective vision	16	16	7	1	12	10	14	8
Defective hearing	11	17	5	2	3	5	4	4
Epilepsy	2	1	1	2	2	3	—	—
Physically handicapped	9	12	2	5	4	7	7	8
Pulmonary tuberculosis	3	3	1	1	—	4	2	1
T.B. (other than chest)	3	—	2	3	—	—	1	—
Chest ailments (other than T.B.)	15	5	2	2	4	4	11	—
Defective speech	—	—	2	—	—	—	—	—
Heart trouble	1	4	1	4	1	—	—	3
Spastic	2	—	2	—	2	—	1	—
Maladjusted	1	1	—	—	1	2	—	1
Other cases	5	6	4	4	1	4	2	4
TOTALS	94	79	43	28	40	47	52	33

It is interesting to note that 173 boys and girls were still in their first job, of whom 85 had been in their first job for more than a year. In the case of 75 boys and 49 girls the change of job was considered to be due to their disability, and of these, the highest group, as might be expected, was among the educationally sub-normal, accounting for 23 of the boys and 11 of the girls. Slowness and the inability to concentrate or follow out instructions seem to be the main difficulties in this group of young people. So many jobs are mechanised now and so many jobs depend on the speed of the operator and on team work in the factory that there are not so many simple routine jobs that this

type of boy or girl can do. In the case of the epileptics, the change of jobs is almost always due to their disability, affecting six out of seven boys and five out of eight girls. They are still the most difficult group to place and keep in employment. However, considering the general employment position, the number of handicapped children remaining unemployed has been comparatively small.

Speech Therapy

1. Staff

The year has been characterised by a serious shortage of staff. The Senior Speech Therapist, Mrs. M. Stuart, resigned in March leaving Miss J. Douglass, who had joined the staff from Training College six months previously, as sole therapist. The establishment had, in the early part of the year, been increased to two single-handed Therapists and one Senior Therapist. The services of Miss S. Robinson were obtained in September as the second single-handed Therapist, but only a month before Miss Douglass resigned. Shortly afterwards, Mrs. S. M. Skinner was appointed to fill the vacancy of single-handed Therapist, and about the same time, Miss H. Miller served in a temporary capacity, but the year closed with the post of Senior Speech Therapist unfilled. In the interval the work was organised by the Senior School Medical Officer.

2. Clinics

Alterations at the Central School Clinic did not bear so heavily on the Department depleted of staff as it was. The rooms used by the Therapists were taken over by the Dental Department, and a new unit consisting of waiting room, two therapy rooms and audiometry room was constructed in the sub-floor basement. The new premises, tastefully decorated, became available in September.

With the reconstructed staff, treatment is given in the following peripheral School Clinics :—

Atkinson Road.
Ashfield House.
Middle Street.

In addition, children were treated in the following Special Schools :—

Condercum Day E.S.N.
Headlam Day E.S.N.
Silverhill Day E.S.N.
Pendower Hall Day Open Air.

Finally, arrangements were made for Miss Miller and Mrs. Skinner to visit schools in the Fawdon and Kenton areas.

3. *The Types of Cases seen were as follows :—*

Stammer	..	..	..	81 children
Dyslalia	..	..	..	193 „
Retarded Speech	..	..	..	51 „
Dysarthria	..	..	..	12 „
Cleft Palate	..	..	..	2 „
Other Defects	..	..	..	53 „

4. *Attendances and Treatments were :—*

Number of Patients Treated	..	392	
Number of New Patients	..	169	
Number of Patients Discharged	..	114	
Number of Patients on waiting list			
at 31st December, 1960	..	67	(1959 65)
Number of Treatments given	..	3,088	(1959 3,413)

It might appear therefore that, in spite of difficulties, the work of the Department was reasonably well maintained.

INFECTIOUS DISEASES

Notifiable Disease

The mid and later months of 1960 were unusually wet and the year, with the exception of 1956, had the highest rainfall since 1950. There was relatively little sunshine, but temperatures were about average. There was no major epidemic which could be associated with unusual climatic conditions.

The incidence of notifiable disease as reported to the Health Department is shown in the Table below :—

TABLE 14
Notifiable Disease in School Children, 1960

Disease	Number of Cases Reported — Aged		
	5—9 years	10—14 years	Total
Scarlet Fever	31	8	39
Acute Rheumatism	5	8	13
Meningococcal Infection ..	1	—	1
Measles	62	2	64
Rubella	37	6	43
Dysentery	21	2	23
Pneumonia	6	4	10
Whooping Cough	44	2	46
Tuberculosis :			
Pulmonary	6	6	12
Non Pulmonary	—	6	6

The main incident in the year was an outbreak of food poisoning on 6th July, at Cambridge Street School, details of which are given below.

An Outbreak of Food Poisoning at Cambridge Street School
BY DR. A. GATHERER
(Senior Administrative Officer)

Following information received about 2.30 p.m. from the School Meals Department that a number of pupils had been taken ill, Dr. Mather was sent to the school to deal with the situation as he might find it.

Dr. Mather reported to the Senior School Medical Officer at the end of the day, and in doing so gave valuable clinical information which showed that a major outbreak had occurred and that the school lunch was probably responsible. On the following morning full-scale investigation into the outbreak was launched, the various participants being the School Health Service, the School Meals Service, Public Health Inspectors, the Public Health Laboratory Service, and Hospital staffs who treated children admitted to the Wards.

I was given the task to co-ordinate the work of these agencies and to establish :

1. The nature and size of the outbreak.
2. The infecting agent.
3. The Vehicle.
4. The means by which the agent found its way into the food.

It is mainly with the part played by the School Health Service in this investigation that I shall deal.

1. *The Nature and size of the Outbreak*

Information on this point supplied by the Senior School Medical Officer and the Educational Administrative staffs was as follows :—

<i>Department</i>	<i>Number of Children</i>		
	<i>On Roll</i>	<i>Who partook of School Lunch</i>	<i>Affected</i>
Senior	150	66	51
Junior	199	97	74
Infants	148	68	55
TOTAL	497	231	181
Staff	31	21	14

Seventy children and five staff were admitted to hospital.

Onset of Symptoms

Information was given by Dr. Mather and the Senior School Medical Officer in respect of 119 out of the 181 children affected. Lunch was served between 12 noon and 12.30 p.m. The onset of symptoms was as follows :—

<i>At or before</i>	<i>Infants</i>	<i>Junior</i>	<i>Senior</i>	<i>Total</i>
1.30 p.m.	1	1	1	3
2.30 p.m.	17	7	3	27
3.30 p.m.	14	15	13	42
4.30 p.m.	12	16	19	47—119
and after.				

Clinical Features

These were given by the teaching staff, School Medical Officers and hospital staffs. In 192 out of the total 195 affected, the following symptoms were observed :—

Vomiting	148
Diarrhoea	92
Abdominal Pain ..	64

The vomit consisted of undigested food. Among younger children vomiting was more conspicuous. It occurred earlier and was accompanied by a variable degree of dehydration and collapse. Diarrhoea and colic were more frequent in older victims.

2. The Vehicle

Two items of food were purveyed in school that day, namely, Milk and the School Lunch.

- (a) Milk was not distributed until the afternoon among Infants when the outbreak was already on its way, and may be excluded from further consideration.
- (b) Lunch. This consisted of a first course of Scotch Egg, potato, carrot, beans and gravy ; and a second course of trifle.

Since it might be presumed that all children did not partake of every item of food, it seemed feasible by a process of elimination to ascertain the nature of the suspected food by ascertaining its effect, or absence of effect, upon those who consumed it. In fact this line of approach proved more difficult since teachers had encouraged children to take a little of everything. Nevertheless, they were able to give a quite extraordinarily detailed account of what each child did consume, and as a result it was possible to hazard a guess at the contaminated food. The information is tabulated below :—

<i>Item of Food</i>	<i>No. of Children who—</i>		<i>Of those Affected No. who—</i>		<i>Of those not Affected No. who—</i>	
	<i>Took Item</i>	<i>Refused Item</i>	<i>Took Item</i>	<i>Refused Item</i>	<i>Took Item</i>	<i>Refused Item</i>
Scotch Egg	189	3	163	3	26	0
Potato	190	2	164	2	26	0
Carrots	180	12	157	9	23	3
Beans	183	9	160	6	23	3
Trifle —						
With Cream ..	181	7	165	1	20	6
Without Cream ..	4					

The child affected who refused trifle was found to have somewhat different symptoms than the rest, and later declared that he had not eaten the meal at all. This may have been a coincidental illness. Among those who partook of trifle was a baby who received no other food, but was affected. Suspicion therefore fell more heavily on the trifle.

The Preparation of the Trifle

The kitchens were inspected by both the School Health and Public Health staffs and found to be in excellent order.

The workers were examined by both staffs, throat and nasal swabs and stools being taken for examination.

The manner of preparation of the meal was investigated by the School Meals Service. The trifle consisted of sponge mixture and jelly which was prepared two days previously. Custard was made and added the day previously. Cream was delivered the day previously and placed in the refrigerator, but the mixture was not. The prevailing temperature overnight was 60°F.

3. *Laboratory Findings*

The following specimens were examined at the Public Health Laboratory :—

Nasal and Throat Swabs.
Faeces.
Vomit.
Samples of food.

From each of these coagulase, positive Staphylococci were isolated. Neither metallic poisons or other bacteria were found in the food. The heaviest contamination was found in the trifle.

One of the staff employed in the kitchen had suffered recently from sinusitis and it was in her swabs that the organism was found, which was identical with that in the food.

Two identical tins of carrots were opened, one by the Public Health Inspector and one by this member of staff. When the contents of each were examined, that opened by the member of kitchen staff was found to be contaminated.

Conclusion

The four questions which we set out to investigate were thus answered and the matter can be summarised briefly — This was an outbreak of food poisoning arising out of the School Lunch. Of 231 pupils who partook of the meal 181 were affected. The organism was a coagulase positive Staphylococcus type which had been transferred in the course of preparation of the meal from the upper respiratory passages of one of the kitchen staff to the food — particularly the trifle. The breach of routine by which the trifle mixture was left out of the refrigerator overnight permitted the organisms to multiply and produce a heavy contamination.

Preventive Measures : Immunisation

1. *Poliomyelitis*

Pupils have been protected during the year as follows :—

Number of children who received :

Initial Inoculation	183
Second Inoculation	157
Third (Booster) Inoculation	3,854

The majority of these were given in School Clinics. No special sessions were set apart, but such children as presented themselves were attended to in the course of other duties in the afternoon session.

2. *Diphtheria*

The numbers of pupils and pre-school children immunised were as follows :—

Primary Immunisation	150
Booster Doses — 3—5 years	21
6—10 years	2,376
11—15 years	6

A number of these were done in schools when the Medical Officers were engaged in Periodic Inspections.

3. *Tuberculosis*

(a) *Tuberculin Testing*

This forms part of the Periodic Medical Inspection. In the third age group, testing performs the function of a post vaccination check for children who received B.C.G. vaccination the year previously.

Testing is performed by the school nurse using the multiple puncture test with a Heaf Gun. Most nurses are now competent to read the reactions, but they refer all doubtful cases to the Medical Officer. Severe reactions are also referred by the Medical Officer to the Child Tuberculosis Officer.

The numbers of children tested in 1960 were as follows :—

Tuberculin Testing, 1960

	<i>Age Groups</i>		
	5 Yrs.	10 Yrs.	14 Yrs.
Number of parents to whom circulars were sent	4999	3878	—
Number of children for whom consents were received	4427	3372	—
Number of children tested and read ..	3926	3092	1976
Number of children found to be ‘ positive ’	472	351	1953

(b) *B.C.G. Vaccination*

Pupils continue to receive B.C.G. Vaccination in their thirteenth year. Those protected in 1960 were as follows :—

Number attending :

Maintained Schools		2,978
Independent Schools		399
Further Educational Establishments	..	68
Special (Residential) Schools		47

In view of the rapidly diminishing numbers of children with naturally acquired positive reaction, the value of the tuberculin testing at five years is being reconsidered. At the same time, consideration is also being given to the advisability of bringing forward vaccination to the twelfth or even the eleventh year.

4. *Yellow Fever*

The whole of the work of vaccination of emigrants for areas where Yellow Fever is endemic has been undertaken by the staff of the School Health Service.

HEALTH EDUCATION

In addition to Health Visitors, Drs. Griffin, Mather and Mellor have, on occasion, given talks on personal health in school. The following report of Dr. Griffin is of interest and worthy of record.

Talk given to Senior Boys at Whickham View County Secondary School on the Subject of Smoking.

BY DR. G. V. GRIFFIN

This Class was selected because they were in the ' C ' stream of the seniors, and it was considered that any response which they showed would probably be amplified in the other more advanced senior classes.

Before I spoke to the boys, I had arranged for the Headmaster to get them to fill in a simple questionnaire, which was collected before the talk, and was concerned with whether they had smoked at any period, whether they were smoking occasionally, or whether they were regular smokers, and also whether they considered smoking was bad for them. The results from this questionanire are given at the end of this short report.

I spoke to this first class on the 16th November and the response was quite remarkable. The Headmaster gave a short introduction, pointing out my qualifications to speak to them, and then I gave them a short factual address about smoking in general, not just the dangers of smoking but the composition of tobacco smoke, reasons why people smoked, how the consumption of cigarettes tended to increase, and how the increase in

cigarette smoking had paralleled the increase in lung cancer and various other respiratory diseases. After this short address there were numerous questions from the audience, one which I had not thought of before was whether the smoking of cinnamon sticks was as harmful as the smoking of tobacco. It was obvious from most of their questions that they were well aware of the potential dangers of smoking, but naturally through lack of experience could not take these dangers seriously.

The total number of boys spoken to was 118 in the three classes. Of this 118, 104 considered that smoking was bad for them and 14 did not consider it was bad. 57 of the 104 who thought smoking was bad for them mentioned cancer and 14 mentioned death in the reasons they gave for smoking being bad for them, so it seems that a reasonable proportion of children (78%) were aware of the serious dangers involved in smoking cigarettes. 107 out of the 118 had smoked at some time and 36 were occasional smokers still, 31 were regular smokers, and 16 of the regular smokers smoked less than 5 a day, 12 smoked 5—10 a day, 3 admitted smoking 10—15 a day.

The figures showed that 90.7% had smoked at sometime, 57% still smoked and that 26% were already regular smokers at an age when they could hardly be expected to appreciate the dangers inherent in cigarette smoking.

My thanks are due to Mr. Pattison, the Headmaster, for permitting me to address the pupils, and to Miss Paterson (Health Visitor — Health Education) for her assistance in the collection of suitable material and the manner of its presentation.

Class	4A	4B	4C	Total	%
Number of boys	40	40	38	115	100
Do you consider smoking is bad for you? Yes . .	35	38	31	104	88
No . .	5	2	7	14	12
Mention Cancer	21	16	20	57	55
Mention Death	4	3	7	14	11
Have you ever smoked?					
Yes . .	36	36	35	107	90.7
No . .	4	4	3	11	9
Are occasional smokers					
Occasional . .	9	10	17	36	31 } 57 26 }
Regular . .	13	9	9	31	
Regular Smokers—					
— 5	9	3	4	16	
5—10	3	6	3	12	
10—15	1	—	2	3	

APPENDIX — I

Tuberculin Testing of School Entrants, 1957 — 1960

(DR. MARY TAYLOR, M.D., *Child Tuberculosis Officer*)

Since 1957 permission has been sought from parents for a tuberculin test to be carried out at their child's first routine medical examination which takes place between five and six years of age. The test, using the multiple puncture technique, has been carried out by a School Medical Officer or nurse and whenever possible the result has been read before the child's actual clinical examination so that it could be discussed with the parent at that visit. All tuberculin positive children have been referred to the childhood tuberculosis physician for investigation. Those already under supervision or known to have been vaccinated with B.C.G. have not been recalled but the others have been sent appointments to attend the children's tuberculosis contact clinic. In four years only two out of one hundred and fifty-seven children have failed to attend.

The proportion of parents consenting and of children tested has risen steadily, although still only 75 % of the total in the age group are being tested (Table I).

The number of recorded positive reactions has increased due to the increasing number of B.C.G. vaccinations. In 1960 as many as 10 % of the children tested had been previously vaccinated. The proportion of children naturally infected is now less than 2 % whereas in a survey carried out in 1952 it was 7.2 % (Table II).

A persistent difficulty has been the recording of false positive reactions. The parents of these children have usually denied a positive reaction at the consultation at the contact clinic and as a result, an intradermal tuberculin test has been performed and found to be negative.

After investigation, it seems that although some of these have been due to difficulty in the interpretation of the multiple puncture test others were due to clerical errors in recording. These cause great anxiety to the parents and much unnecessary work at the contact clinic.

In four years 157 children not previously known to be tuberculin positive were investigated ; 35 had evidence of old and healed lesions ; 13 who had very recent infections were treated with chemotherapy ; two failed to attend ; in the remainder it was impossible at the outset, on clinical or radiological grounds, to determine the time of infection.

Older brothers and sisters were usually only tuberculin tested where infections were recent but in all cases the younger brothers and sisters were tested ; only two of these were infected and both were treated. Unless the source of infection was known the parents were asked to attend for X-ray, almost all did so and three were found to have unsuspected active tuberculosis (Table III).

Comments and Conclusions

The testing has been very worthwhile for the following reasons :—

- 1. It has provided an indication of the incidence of tuberculous infection.
- 2. It has demonstrated that about two-thirds of the infected children had previously escaped notice showing that the tuberculosis contact service is not as efficient as it should be.
- 3. It has identified a few children for whom treatment may have prevented the onset of illness.
- 4. It has confirmed that children previously vaccinated with B.C.G. remain tuberculin positive.

The testing did not, nor was it expected to, result in the finding of many new cases of tuberculosis in adults and therefore as a case finding method was ineffective. As the years go by and the children are re-tested at ten and thirteen years of age, evidence will accumulate concerning both the conversion rate and variations in sensitivity and names will be added to the register of tuberculin positive children. It is among them that new cases of tuberculosis will occur in future years ; regular radiological supervision at puberty and in adolescence will allow for its early detection before the onset of clinical illness.

Tuberculin Testing of School Entrants in Newcastle

TABLE I
**The Number of Children offered tuberculin testing,
the number accepting and the number tested**

<i>Year</i>	<i>Number Offered</i>	<i>Number Consenting</i>	<i>%</i>	<i>Number Tested</i>	<i>% of those Offered</i>	<i>% of those Consenting</i>
1957	4,808	3,671	74	3,111	65	84
1958	4,447	3,544	80	3,053	69	86
1959	4,170	3,498	84	3,086	74	88
1960	4,716	4,171	88	3,524	75	85

TABLE II
The Results of Tuberculin Testings

Year	Number Tested	Number Reported Positive	Number		Number		%
			Prev. Vacc. with B.C.G.	Later Found Tuberculin Negative	Known	really positive New	
1957	3,111	150	55	29	20	46	3.2
1958	3,053	198	118	8	19	53	2.5
1959	3,086	276	205	31	17	23	1.4
1960	3,524	430	353	23	19	35	1.7
						75	15.7

TABLE III
The findings in those children not previously known to be tuberculin positive

Year	Number	Old Lesions	Active Lesions (Treated)	Infected Siblings Treated	Parents found to have tuberculosis
1957	46	12	5	0	1
1958	53	10	2	0	0
1959	23	3	4	1	2
1960	35	11	2	1	0
TOTAL	157	36	13	2	3

TABLE IV
The number in those newly found to be tuberculin positive in whom an infector was known, suspected or found

Year	Total	Known, Suspected or Found
1957	46	10
1958	53	6
1959	23	5
1960	35	15
TOTAL	157	36

APPENDIX — II

School Health Work in the Kenton Area

(DR. A. R. BUCHAN)

The great advances made in Child Health during the past 50 years should obviously be reflected in a change in the fundamental aims and organisation of the School Health Service. What this change should be however, is far from clear. There is much agreement in the value of routinely examining school entrants and school leavers but the best method of surveillance of schoolchildren *during* school life has still to be determined. The need for experiment is clear and it was therefore decided to arrange in a new area of the City some modifications of the Service as a trial scheme.

The area chosen for the scheme is Kenton, a new estate on the north-western perimeter of the City. The housing there is for the most part post-war council-owned property and a few privately owned residences.

The schools, with one exception, are all of modern design and consist of a large comprehensive school with a catchment of four Primary Schools and a Roman Catholic Secondary Modern School and Primary School.

The aim of the modifications is to create a School Health Service which would satisfy the present day health needs of schoolchildren and at the same time be of value to the Head Teachers and staff. It is hoped to develop a flexible, yet organised system which, while covering the statutory duties will provide also some scope for experiment. The fundamental feature of the service is a close association between the schools and the school health team so that routine work is done smoothly and wherever possible at mutually convenient times. Problems can be discussed and dealt with as soon as they arise.

The School Health team, consisting of a medical officer, two school nurses and a nursing helper with clerical assistance is based in the area. The programme is so arranged that the team devotes certain sessions each week to specific schools so that a Head Teacher knows exactly when in any week his school doctor or nurse is available for consultation.

A full examination of all new entrants is done as soon after admission to school as possible. The use of a detailed questionnaire for parents to complete and the allocation of more time to each examination ensures that a detailed assessment of the entrants' health is possible. A full record is made and kept up-to-date thereafter so that at any time an accurate picture of the

health of a particular child is available. The school leavers are also to be examined routinely with a careful consideration of the employment difficulties of both normal and handicapped pupils. The intermediate routine medical examination will be replaced by a selective examination at the age of nine years. The method of selection will be based on the school health records along with discussion with the Head Teachers, and a questionnaire will be sent to parents giving them an opportunity of requesting a consultation.

Special examinations and procedures such as routine eye testing, audiometry, Heaf testing and so on are carried out as elsewhere in the City.

A monthly conference between the school doctor and the Head Teacher of each school gives an opportunity for particular pupils and any other matters concerning health to be discussed.

After draft proposals for the new service had been drawn up with the co-operation of the Director of Education, a meeting of all Head Teachers in the area was held and the scheme outlined. There resulted a most promising willingness on the part of the Head Teachers to allow this experiment and indeed much sound advice was received.

The increased administrative and clinical responsibility placed on each member of the School Health team should add considerably to their interest and as a result the schoolchildren themselves should benefit.

Close attention will be paid to this trial scheme to see whether it answers in any way, the many challenging questions still unsolved in the field of School Health.

TABLE 9

AN ANALYSIS OF THE SALIENT FEATURES OF 200 MARGINAL EDUCATIONALLY SUBNORMAL PUPILS

[illegible]

